

Checklist for Visual Signs



Patient Name:

a = very often observed
b = sometimes observed
c = rarely or never observed

	a	b	c
Reports print goes blurred/fuzzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports print appears to jump around or go double	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports print goes smaller/bigger/fades while reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports words appear hidden by the white of the page, or get faint colours around them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows fatigue or complains of headaches after reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent excessive blinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skips or re-reads words or lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads too slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgets what has just been read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loses concentration when reading and is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets too close to the book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looks sideways at reading material or closes one eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sits awkwardly while reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubs/screws the eyes up when reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positions drawings poorly on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clumsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with ball games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with keeping place or changing focus while copying from the board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of things around him/her in class, to the extent s/he turns his/her head to look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
....and where the following persist beyond age 8 years:			
Uses finger or marker as a pointer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes crookedly, poorly spaced letters, cannot stay on lines or uses excessive pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reverses letters or words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves the head when reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring : Any scores of 'a' or more than three scores of 'b' indicate that referral to an optometrist specialising in children's eye care would be beneficial. This list has been prepared by Mrs. Fran Howell, from whom more information can be obtained.